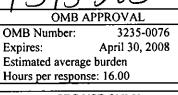
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549





FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONL	Y
Prefix	1	Serial I
1	DATE RECEIV	ED

Sterling Stamos Liquidity (Offsho	this is an amendment and name has changed, are) Fund, Ltd. apply): Rule 504 Rule 505 Rule		e.) n 4(6) 🔲 UL	OE STATE	
Type of Filing: New Filin	g 🛚 Amendment			/3 ³ /	EIVED
	A. BASIC IDENTIFIC	ATION DATA		< < < < < < < < < < < < < < < < < < <	2
1. Enter the information requeste	d about the issuer			12	<i>[</i> a/
Name of Issuer (check if this	is an amendment and name has changed, and ir	dicate change.)		TO THE PARTY OF TH	185
Sterling Stamos Liquidity (Offsho			<u> </u>		
•	mber and Street, City, State, Zip Code) , P.O. Box 1748 GT, Cayman Corporate Center Ian, Cayman Islands, B.W.I.	r, 27 Hospital	Telephone N	Number (Including 345-949-5884	
	erations (Number and Street, City, State, Zip Co	ode)	Telephone N	Number (Including	Area Code)
Brief Description of Business	To operate as private investment company.	· <u>-</u> ·			
Type of Business Organization corporation	☐ limited partnership, already formed		er (please speci mpany	ify): an exempted	Cayman Islands
☐ business trust	limited partnership, to be formed				PROCESSE
	Month	Year			
Actual or Estimated Date of Incor	poration or Organization: 12	_04_		☐ Estimated	OCTO 1 2000
Jurisdiction of Incorporation or O	rganization (Enter two-letter U.S. Postal Servic CN for Canada; FN for other forei		State:	FN	THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			A. BASIC IDENT	TFICATION DATA		
. En	nter the information	n requested for the	e following:			
o	Each promoter	of the issuer, if th	e issuer has been organized	within the past five years;		
o	Each beneficial of the issuer;	owner having the	power to vote or dispose, o	r direct the vote or disposition	of, 10% or more of	a class of equity securities
o	Each executive	officer and direct	or of corporate issuers and o	f corporate general and manag	ging partners of part	nership issuers; and
o	Each general ar	nd managing partr	ner of partnership issuers.		_	
check Box((es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	(Last name first, if oung, Peter M.O.	individual)				
Business or c/e	Decidence Addres	s (Numbe Cayman) Ltd., P.	er and Street, City, State, Zip O. Box 1748 GT, Cayman C	Code) orporate Center, 27 Hospital I		
	(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
В	(Last name first, if Bree, David		0 0 7			
c/		(Number (Cayman) Ltd., P.	er and Street, City, State, Zip O. Box 1748 GT, Cayman C	code) Corporate Center, 27 Hospital	Road, George Town	, Grand Cayman, Cayman
c/ Is	r Residence Addrest o RK Consulting of slands, B.W.I. ox(es) that Apply:	Cayman) Ltd., P.	O. Box 1748 GT, Cayman C	Code) Corporate Center, 27 Hospital	Road, George Town Director	, Grand Cayman, Cayman General and/or Managing Partner
c/ Is Check Bo Full Name (o RK Consulting of slands, B.W.l. ox(es) that Apply: (Last name first, if	Cayman) Ltd., P.	O. Box 1748 GT, Cayman C	Corporate Center, 27 Hospital		General and/or
c/ Is Check Bo Full Name (Si Business or	or of of of the stands, B.W.I. ox(es) that Apply: (Last name first, if Stamos, Peter S. r Residence Address/o RK Consulting	Cayman) Ltd., P. Promoter individual)	O. Box 1748 GT, Cayman C Beneficial Owner er and Street City State Zit	orporate Center, 27 Hospital	□ Director	General and/or Managing Partn
C/Is Check Bo Full Name (S) Business or C/Is	/o RK Consulting of slands, B.W.I. lox(es) that Apply: (Last name first, if Stamos, Peter S.	Cayman) Ltd., P. Promoter individual)	O. Box 1748 GT, Cayman C Beneficial Owner er and Street City State Zit	Executive Officer	□ Director	General and/or Managing Partne
Check Box	/o RK Consulting of slands, B.W.I. lox(es) that Apply: (Last name first, if Stamos, Peter S. r Residence Address/o RK Consulting slands, B.W.I.	Cayman) Ltd., P. Promoter individual) ss (Numb (Cayman) Ltd., P.	O. Box 1748 GT, Cayman C Beneficial Owner er and Street, City, State, Zi O. Box 1748 GT, Cayman C	Executive Officer Corporate Center, 27 Hospital Corporate Center, 27 Hospital	☑ Director Road, George Town	General and/or Managing Partner Grand Cayman, Cayman
Check Box Full Name (S) Business or Check Box Full Name (/o RK Consulting of slands, B.W.l. lox(es) that Apply: (Last name first, if Stamos, Peter S. r Residence Addres: /o RK Consulting slands, B.W.l. ((es) that Apply:	Cayman) Ltd., P. Promoter individual) ss (Numb (Cayman) Ltd., P. Promoter individual)	O. Box 1748 GT, Cayman C Beneficial Owner er and Street, City, State, Zi O. Box 1748 GT, Cayman C	Executive Officer Corporate Center, 27 Hospital Corporate Center, 27 Hospital Executive Officer	☑ Director Road, George Town	General and/or Managing Partne Grand Cayman, Cayman
Check Box Full Name (Si Business or Check Box Full Name (Business or	/o RK Consulting of slands, B.W.I. lox(es) that Apply: (Last name first, if Stamos, Peter S. r Residence Addres: /o RK Consulting slands, B.W.I. c(es) that Apply: (Last name first, if Chart content of the content o	Cayman) Ltd., P. Promoter individual) ss (Numb (Cayman) Ltd., P. Promoter individual)	O. Box 1748 GT, Cayman C Beneficial Owner er and Street, City, State, Zip. O. Box 1748 GT, Cayman C Beneficial Owner	Executive Officer Corporate Center, 27 Hospital Corporate Center, 27 Hospital Executive Officer	☑ Director Road, George Town	General and/or Managing Partner Grand Cayman, Cayman
Check Box Full Name (Si Business or Check Box Full Name (Business or Check Box Check Box	/o RK Consulting of slands, B.W.I. lox(es) that Apply: (Last name first, if Stamos, Peter S. r Residence Address/o RK Consulting slands, B.W.I. (es) that Apply: (Last name first, if or Residence Address/or Residence	Cayman) Ltd., P. Promoter individual) ss (Numb (Cayman) Ltd., P. Promoter individual) ss (Numb	O. Box 1748 GT, Cayman C Beneficial Owner er and Street, City, State, Zi O. Box 1748 GT, Cayman C Beneficial Owner	Executive Officer Code) Corporate Center, 27 Hospital Executive Officer Executive Officer	☑ Director Road, George Town ☐ Director	General and/or Managing Partner General and/or General and/or Managing Partner

<u>.</u>				B. I	NFORMA'	TION ABO	UT OFFEI	RING				
1. Has th	ne issuer sold Answer also	l, or does th	ie issuer int	tend to sell	, to non-acc	eredited inve	stors in th	is offering	·	Yes	No ⊠	
2. What	is the minim	um investn	ent that wi	ll be accep	ted from an	y individua	l			\$1,0	* <u>000,000</u>	
•	Subject to th	ne discretio	n of the Bo	ard of Dire	ctors to acc	ept lesser a	mounts.			Yes	No	
3. Does	the offering the informat	permit joint	ownership	of a single	unit	or will be n	aid or give	en directiv	or indirect	🔯		similar
remur agent	neration for so of a broker on to be listed	olicitation of dealer reg	of purchase gistered wit	ers in conne th the SEC	ection with and/or with	sales of secu a state or s	urities in t tates, list t	he offering. he name of	If a perso the broker	n to be liste or dealer.	ed is an asse If more tha	ociated person or in five (5)
Full Name (La				is or such t	O O O O O O	<u></u>						
Business or Re	sidence Add					ode)						
Name of Asso											•	
	Long Island			4 do 4 C -	linia December							
States in which (Check)	n Person List 'All States" o				oncu Purchi	12612					☐ All	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] X [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (La	st name first	, if individu	ıal)			-		<u></u>				
Business or Re 4 W	esidence Add orld Financia					ode)						
	rill Lynch &	Co.		<u>.</u>		_						
States in which (Check	h Person List "All States" (olicit Purch	asers					⊠ All	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(AZ] (IA] (NV] (SD)	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) (MD) [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (La	st name first	, if individ	ual)	-					-			
Business or Re	esidence Add Park Avenue				tate, Zip Co	ode)						
Name of Asso		r or Dealer										
States in whic		ted Has So			olicit Purch	asers					⊠ Al	States
[AL] [IL] [MT] (RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [W1]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is
"none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of
the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity	\$300,000,000	\$9,044,170.64
[x]Common []Preferred		
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	<u>\$</u> 0	\$ 0
Other (Specify)	<u>\$</u> 0	\$ 0
Total	\$300,000,000	\$9,044,170.64

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	10	\$9,044,170.64
Non-accredited Investors	0	\$ 0
Total (for filing under Rule 504 only)	,	<u>\$</u>

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[x] <u>\$</u>
Printing and Engraving Costs	[x] <u>\$*</u>
Legal Fees	[x] <u>\$*</u>
Accounting Fees	[x] <u>\$*</u>
Engineering Fees	[x] <u>\$</u>
Sales Commissions (specify finders' fees separately)	[x] <u>\$</u>
Other Expenses (identify)	[x] <u>\$*</u>
Total	[x] <u>\$100,000*</u>

^{*}All offering and organizational expenses are estimated not to exceed \$100,000*.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total

5.

Indicate below the amount of the adjusted gross proceeds to the issuer u purposes shown. If the amount for any purpose is not known, furnish ar estimate. The total of the payments listed must equal the adjusted gross C - Question 4.b above.	estimate a	nd cl	neck the box to the	left (of the	; o Part
			Payments to Officers, Directors, & Affiliates			Payments to Others
Salaries and fees	[]	\$	[]	\$
Purchase of real estate	[]	\$	[]	\$
Purchase, rental or leasing and installation of machinery and equipment	[]	\$	[)	\$
Construction or leasing of plant buildings and facilities	[]	\$	[]	<u>\$</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger))	<u>\$</u>	[]	\$
Repayment of indebtedness	[]	\$	[]	<u>\$</u>
Working capital	[]	\$	[]	<u>\$</u>
Other (specify): Investment Capital	[:	k]	\$299,900,000	l]	\$
Column Totals		:]	\$299,900,000 [x]_\$	[299,		<u>3</u> 000
Total Payments Listed (column totals added)						
Total Payments Listed (column totals added)		URE				
	SIGNAT authorized prities and E	perso Excha	nge Commission, 1	filed ipon	unde writt	r Rule 505, the followi
D. FEDERAL c issuer has duly caused this notice to be signed by the undersigned duly a nature constitutes an undertaking by the issuer to furnish to the U.S. Secu permation furnished by the issuer to any non-accredited investor pursuant t	SIGNAT authorized prities and E o paragrap	perso Excha	nge Commission, 1	filed ipon	writt	en request of its staff, the
D. FEDERAL sissuer has duly caused this notice to be signed by the undersigned duly a nature constitutes an undertaking by the issuer to furnish to the U.S. Secu formation furnished by the issuer to any non-accredited investor pursuant to	SIGNAT authorized prities and E o paragrap	perso Excha	nge Commission, 1	filed	writt	en request of its staff, the
D. FEDERAL e issuer has duly caused this notice to be signed by the undersigned duly a nature constitutes an undertaking by the issuer to furnish to the U.S. Secu formation furnished by the issuer to any non-accredited investor pursuant to the (Print or Type) Sterling Stamos Liquidity (Offshore) Fund, Ltd.	SIGNAT authorized prities and E o paragrap	perso Excha h (b)	nge Commission, (2) of Rule 502.	filed	writt	en request of its staff, the

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	E. STATE SIGNATURE					
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification.	Yes No tion provisions of such rule?				
	See Appendix, Column 5, for state response. No	ot applicable				
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable					
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable					
	The issuer has read this notification and knows the contents to be true and has duly undersigned duly authorized person.	y caused this notice to be signed on its behalf by the				
Iss	Issuer (Print or Type) Signature	Date				
	Sterling Stamos Liquidity (Offshore) Fund, Ltd.	1 9/25/04				
Na	Name (Print or Type) Title (Print or Type)	/pe)				

Director

Instruction:

Peter S. Stamos

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

SEC 1972 (1/94)

APPENDIX

	STERLING STAMOS LIQUIDITY (OFFSHORE) FUND, LTD.									
1	Intend to non-acc investo Sta (Part B-	o sell to redited ors in te	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State				5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
	(Tart D-	item 1)	Class A & B Par Value	(Part C-Item 2) Number of Number of Non-				(Full E	Them 1)	
State	Yes	No	U.S. \$0.01 Per Share \$300,000,000	Accredited Investors	Amount	Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA		X	х	3	\$4,468,141.50	0	0			
СО										
CT		х	х	1	\$475,000.00	0	0			
DE										
DC		•								
FL										
GA										
HI	:						•			
ID										
IL										
IN							•			
IA		,								
KS										
KY		,								
LA		Х	х	1	\$286,000.00	0	0			
ME										
MD										
MA										
MI										
MN										
MS										
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APPENDIX

STERLING STAMOS LIQUIDITY (OFFSHORE) FUND, LTD. 2 Not Applicable Disqualification under State ULOE Type of security Intend to sell to and aggregate (if yes, attach non-accredited explanation of offering price investors in Type of investor and amount purchased in State waiver granted) offered in state State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Class A & B Non-Par Value Number of Accredited U.S. \$0.01 Accredited Investors Yes No Per Share Investors Amount Amount State Yes No \$300,000,000 NE NV NH NJ NM 0 0 X 5 \$3,815,029.14 Х NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WVWI WY PR

